



2012 Health Plan Quality Awards

California Managed Risk Medical Insurance Board

Benefits and Quality Monitoring Division



December 2012



HEALTHY FAMILIES PROGRAM

2012 Health Plan Quality Awards

Janette Casillas
Executive Director
Managed Risk Medical Insurance Board

Ellen Badley
Deputy Director
Benefits and Quality Monitoring Division

Muhammad Nawaz
Research Manager
Benefits and Quality Monitoring Division

Donna Lagarias
Research Program Specialist
Benefits and Quality Monitoring
Division

HEALTHY FAMILIES PROGRAM

2012 Health Plan Quality Awards

Table of Contents

Executive Summary.....	2
Analysis Methodology	4
Superior Performance for 2011.....	4
Most Improved Plan from 2008 to 2011.....	4
Figure 1 - HEDIS Performance Clusters: 2011.....	5
Table 1 - 2011 HEDIS Measures.....	6

HEALTHY FAMILIES PROGRAM

2012 Health Plan Quality Awards

Executive Summary

The purpose of this report is to identify and recognize the highest scoring Healthy Families Program (HFP) health plans in 2011 and the most improved plan over the last four years, relative to other HFP health plans in Healthcare Effectiveness Data and Information Set (HEDIS) scores. The Managed Risk Medical Insurance Board (MRMIB) recognizes and celebrates the efforts made by health plans to improve the quality of care for California's children enrolled in the HFP.

HEDIS is the primary data source used by MRMIB to assess the quality of health care provided to HFP subscribers. Health plans report HEDIS data for the period of January 1 through December 31 each year. HEDIS data is uniformly collected by HFP health plans across the State and submitted to MRMIB annually for plan performance evaluation. This process requires substantial effort and cooperation from all participants. MRMIB wishes to thank and recognize ALL plans for their data submission. Each health plan's performance is available to HFP subscriber families to assist them in selecting their Healthy Families health plan. MRMIB presented its 2011 HEDIS report to the Board on November 14, 2012. The report presented the detailed results for HEDIS measures for all health plans. The 2011 HEDIS report is available at http://www.mrmib.ca.gov/MRMIB/quality_reports.html

Using four years of HEDIS data from 2008 through 2011, MRMIB evaluated HFP health plan performance in these areas: Highest Overall Performance in 2011 for composite HEDIS measures; the Most Improvement made from 2008 to 2011; and the Most Improvement achieved in year 2011 compared to year 2010.

In the area of Highest Overall Performance in 2011, four health plans achieved this distinction. These highest performing plans are:

CalOptima***
Community Health Group*
Kaiser Foundation Health Plan North***
Kaiser Foundation Health Plan South**

*Note: *Health plans with superior performance for the second year in a row
**Health plans with superior performance for the third year in a row
***Health plans with superior performance for the fourth year in a row*

HEALTHY FAMILIES PROGRAM

2012 Health Plan Quality Awards

All of these four plans were recognized for their superior performance in 2010; three of these plans were recognized for their superior performance in 2009; and two of these plans were recognized for their superior performance in 2008.

Alameda Alliance for Health was most improved from 2010 to 2011, and also made significantly greater improvements in HEDIS measures compared to the other health plans from 2008 and 2011.

HEALTHY FAMILIES PROGRAM

2012 Health Plan Quality Awards

Analysis Methodology

Superior Performance for 2011

MRMIB staff analyzed health plan data for ten HEDIS measures. These ten HEDIS measures are included in Table 1. The average of each plan's ten HEDIS rates is their composite HEDIS performance score. MRMIB conducted a cluster analysis using these composite scores to produce five clusters of performance ranging from low to superior. The resulting HEDIS clusters for 2011 are included as Figure 1.

The purpose of the cluster analysis is to place health plans into groups or "clusters" in which the health plans in a given cluster are similar to each other. The analysis assigns each health plan to a different "cluster" based on the plan's performance. Cluster analysis minimizes differences within each cluster and maximizes differences between clusters. For example, while the 2011 composite HEDIS scores ranged from 46 to 82 percent, the differences in scores within each cluster are approximately the same, between four to six percent.

Most Improved Plan from 2008 to 2011

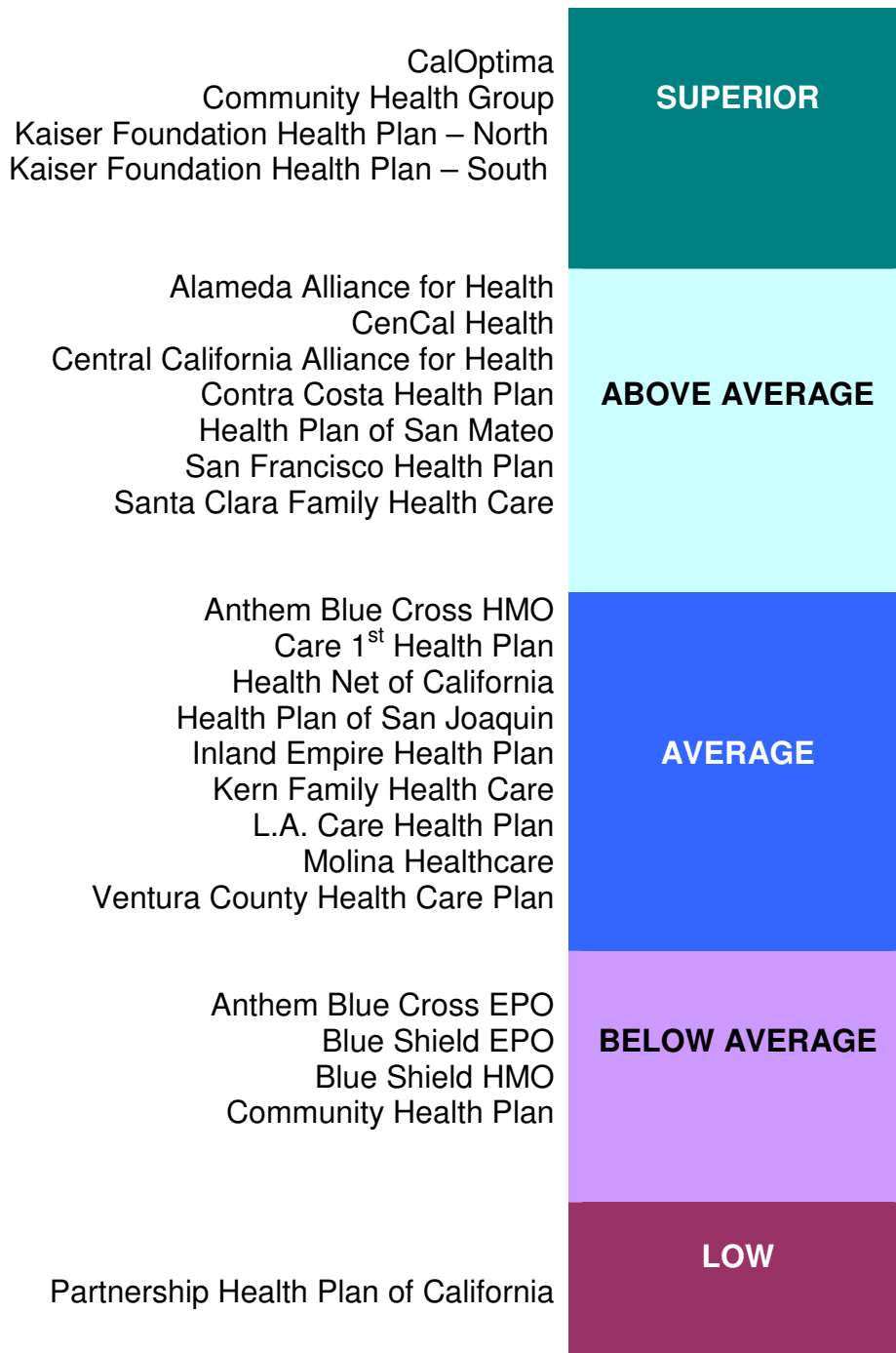
Another analysis was conducted which grouped health plans based on improvement in HEDIS rates from 2008 to 2011. For this analysis, MRMIB staff calculated improvement between each plan's 2008 and 2009 rates, 2009 and 2010, and 2010 and 2011 rates. This computation resulted in one total improvement score for 2009, one total improvement score for 2010, and one total improvement score for 2011 for each HFP plan. Combining improvements for 2009, 2010 and 2011 into a single aggregate improvement measure for each plan was created for cluster analysis. Subsequently, the health plans aggregate improvement variable was subjected to cluster analysis to create five clusters ranging from 42 to 183 aggregate improvement points.

All health plans show improvements of at least one percent in at least one HEDIS measure from year to year. However, some plans show significant improvements between years. A high total improvement score indicates significant improvements between years in several measures. In contrast, a lower total improvement score indicates minimal improvements between years in fewer measures. The results from this analysis revealed that Alameda Alliance for Health was the most improved plan in 2011 and the most improved plan for an aggregate improvement for 2009, 2010 and 2011 as described before.

HEALTHY FAMILIES PROGRAM

2012 Health Plan Quality Awards

Figure 1. 2011 HEDIS Performance Clusters



HEALTHY FAMILIES PROGRAM

2012 Health Plan Quality Awards

Table 1. 2011 HEDIS Measures

Measure	Definition
Childhood Immunization Status, Combination 3	The percentage of children under the age of 2 who received the recommended immunizations by their second birthday.
Lead Screening in Children	The percentage of children who receive one or more blood tests for lead toxicity by their second birthday.
Well-Child Visits in the First 15 Months of Life	The percentage of children who had 6 or more well-child visits during the first 15 months of life.
Well-Child Visits in the 3 rd , 4 th , 5 th and 6 th Years of Life	The percentage of children ages 3 to 6 years old who received at least one well-child visit with a PCP.
Adolescent Well-Care Visits	The percentage of adolescents ages 12 to 18 years of age who had one or more well-care visits with a PCP or OB/GYN.
Children and Adolescents' Access to Primary Care Practitioners	The percentage of children ages 12 months to 18 years who had a visit with a PCP during the measurement year. Five rates are calculated for this measure: cohort 1 (12 – 24 months), cohort 2 (25 months – 6 years), cohort 3 (7 – 11 years), cohort 4 (12 – 18 years), and total (rate for 12 months to 18 years of age). The total of all rates was used for the cluster analyses.
Use of Appropriate Medications for People with Asthma	The percentage of children ages 5 to 18 years who were identified as having persistent asthma, and received a medication that is considered appropriate for the long-term control of asthma.
Appropriate Treatment for Children with Upper Respiratory Infections	The percentage of children ages 3 months to 18 years who had an upper respiratory infection and were not prescribed an antibiotic.
Appropriate Testing for Children with Pharyngitis	The percentage of children ages 2 to 18 years who were diagnosed with pharyngitis and received a Group A streptococcus test prior to being dispensed an antibiotic.
Chlamydia Screening	The percentage of sexually active young women ages 16 to 18 years who were screened for Chlamydia.